

CASE V.—Edwrd Duffy, native of Lowell, Mass., though of Irish descent, æt. 21 years, entered ward 13, on 13th of August. Has been engaged running on towboats between the Balize and this city for three months past.

We saw this man on the morning of the 13th, when we went in to see Case II. He was lying on an adjoining bed, and had a high fever. We noted him more particularly as being one of seven men in the ward who had never had yellow fever, and we were anxious to see whether any such individuals would contract the disease from the Vera Cruz case. He died on the 16th, of genuine yellow fever, and the post-mortem revealed all the characteristics of this disease.

Such is a history of the five first cases occurring in the Charity Hospital this season. There were several other cases occurring simultaneously with these, one from Mexico, per steamship Texas, and one taken sick at the Rainbow Hotel; but as they were considered doubtful, or even more than doubtful by some medical gentlemen, we refrain from giving any account of them. We have shown that yellow fever has been introduced into the city from Vera Cruz, and in spite of quarantine; it remains to be seen whether it will spread—whether we are to have an epidemic.

Since writing the foregoing, there have been two or three other cases in the hospital, though they have certainly occurred since the introduction of the imported cases, and present comparatively little interest. We hear of two or three undoubted cases in private practice, though we have seen none ourselves. All are said to be among the labouring class of persons.

It will be perceived, by reference to the mortuary reports of the city, that seven deaths by yellow fever are reported for the four weeks ending August 23d. Five of these are the cases just cited in detail. Of the remaining two, only one is considered undoubted. This one was seen late in July by a physician in the lower part of the city, who reports the case to the Board of Health as yellow fever, but says he was called in only in time to see the man die. He learned that he had been taken from an American seboener just arrived at New Orleans, but could get no particulars.—*New Orleans Medical Times*, September, 1850.

*Vaccina and Variola.*—Dr. MORLAND reported to the Boeten Society for Medical Improvement the following interesting case:—

"On the 13th of February last, he vaccinated a healthy male infant, six months old. On the 17th of the same month, a faint, but sufficiently distinct, eruption of macules was observed about the neck and shoulders. The usual symptoms of rubella had declared themselves on the next morning after the vaccination, and the disease, consequently, must have commenced only a few hours previously to that operation, if four days be adopted as the period elapsing between the attack and the appearance of the eruption. The vaccine vesicle matured very slowly for several days, and the rubeculous eruption continued with varying distinctness, but always comparatively slight, until the 19th of February, when it disappeared. The vaccine vesicle then took a start, and went on rapidly to perfection. There seemed to be a retarding action reciprocally maintained for a time by the two affections, thus accidentally concurrent; vaccinia finally prevailing. The circumstantial record, made at the time, reads thus:—

"February 17th.—Vaccination apparently taking effect; measles appeared; will the vesicle be retarded?

"18th.—Vesicle advancing very slowly; measles retrograding; ordered a warm bath.

"19th.—Vesicle going on, but more slowly than is common; less redness around it; eruption of macules gone; will it recur?

"20th.—Vaccine vesicle much larger; child feverish; warm bath.

"21st.—At 7½ o'clock in the morning, the child was seized with a severe general convulsion. He was seen by Dr. M. in about twenty minutes; a warm bath had been used. Wine of ipecac. and enemata, with cold lotions to the head, were at once resorted to, and, subsequently, three grains of calomel with five of rhubarb were given. Aspect of the little patient pale and confused. At 1½ o'clock P. M., he had another convulsive attack, of rather greater se-

vority. By previous direction, he was immediately placed in a warm bath, the body and limbs were well rubbed with the hand, and sinapisms were applied to the abdomen and to the feet; the face being dark-coloured and the scalp showing many turgid vessels, a large leech was applied to the left temple, and the wound was allowed to bleed for half an hour after the animal fell off. No more convulsions through the day. At 7½ o'clock P. M., mustard was applied to the back of the neck. The night of the 21st was passed by the patient in quiet sleep.

"22d.—Very bright and well, to all appearance, until 9½ o'clock A. M., when he had another very severe convulsion, lasting several minutes longer than the two previous ones. He was seen fifteen minutes after the access of the fit; was found stupid, with an occasional wild look of the eyes; had been placed again in the warm bath. Mustard-water frictions to the extremities were continued; the head being rather hot, cold applications were cautiously made to it; one drachm of castor oil was given; discontinued the breast milk. Dr. Storer saw the patient at this time, and recommended calomel and Dover's powder, one-eighth of a grain of the former to one-half a grain of the latter, every three hours. A continuance of the mustard-water frictions was also advised. Dr. S. believed that another leech might be added. Dr. James Jackson, who had been sent for at Dr. M.'s request, visited the child shortly after, and gave a favourable prognosis. It was thought best by him to restrict the child's nursing to one minute's time every two hours; and, in the intervals, to allow sugar and water. Dr. J. thought that, although another leech might, possibly, be required, he should 'be slow to apply it.' The remainder of the management was concurred in. The powders above mentioned were commenced, and the other means continued. There seemed a degree of amendment in the afternoon of this day, and there had been some good sleep. The night of the 22d was quietly passed; there was only one dejection; a little colicky pain from flatulence; no convulsive action.

"23d.—Quite well, seemingly; pulse 118, rather sharp (yesterday, 128 to 130); skin moist; one powder was taken at bed-time last evening, and another this morning. The vesicle of vaccination has broken and partially dried into quite a large scab; it was full, yesterday. In the afternoon of this day the child seemed dull and stupid, possibly from fatigue; the lips and tongue somewhat swollen; suspended the regular use of the powders; renewed the mustard frictions, &c. He was now allowed to draw the breast during three minutes, not having nursed for three hours previously. Flatulence troublesome; relieved by mint-water.

"24th.—Night quiet; had one dejection; got one powder about midnight; the eyes somewhat red; no signs of returning rubeolous eruption; tongue white; occasional colic.

"25th.—Nearly as well as ever.

"26th.—Same record.

"27th.—A cervical gland, on the left side (that of the vaccination), much enlarged; otherwise very well and lively. Discontinued visits. From the last date to the present time, there has been no untoward occurrence, the child seeming better, even, than before his illness.

"The superposition of measles upon vaccination, by the doctrine of chances, must be rare; a purely accidental occurrence. The points of interest in this case are the evident mutually retarding influence of the two affections thus coexisting; the modification of the vaccine vesicle and of the eruption of rubella by this action—not uncommonly witnessed under such, or similar, circumstances of complication—and, especially, the convulsions, as to their cause. Dr. M. was at first inclined to ascribe these to the retrocession of the measles; but it will be noted that they were manifested upon the eighth day after vaccination, when the vesicle should be perfect and the primary febrile action is usually observed—and consequently they may be more reasonably referred to the latter. This was Dr. Jackson's opinion. How much influence the conjunction of the two affections may have had, however, can hardly be determined. In his recently-published volume, Dr. Jackson gives an instance where convulsions took place in a child, on the eighth day after vaccination.

Some time previous to this, the patient had had pneumonia, which was ushered in by convulsions, and the same had occurred, also, during dentition. Dr. J. had apprehended they might take place after the vaccination, and had forewarned the mother on the subject. He refers to other cases in which convulsions were observed in children at the commencement of bronchitis and scarlatina, but mentions only one after vaccination. In the case detailed above, there had not been any convulsions, previously, nor any threatening of them; there was, therefore, no reason to expect them.

"In this connection, the remark of Sydenham may appropriately be referred to, that 'an opiloptio fit, in infants, is so sure a sign of smallpox, that if, after teething, they have one, you may predict variola—so much so, that a fit over night will be followed by the eruption next morning. This, however, will be generally mild, and in no wise confluent.' (*Works*, Syd. Soc. edit., vol. ii. p. 252.) Dr. Jackson also remarked that 'he believed convulsions are not rare in children, when the symptoms, so called, of smallpox first appear—corresponding to the eighth day of vaccination.' It would seem that the accident must be infrequent after simple vaccination."—*Boston Med. and Surg. Journ.*, June 19th, 1856.

*Poisoning by Strychnia successfully treated by Camphor.*—Prof. ROCHESTER communicated to the Buffalo Medical Association, February 11, 1856, the following example of this:—

"Feb. 2, 1856. I. De F., aged thirty-two years, was admitted about 5 P. M. He had taken strychnia with a view of self-destruction. It was swallowed at 4 P. M., and was said by him to have been four grains in amount. Supposing a fatal effect certain and speedy, he mentioned to no acquaintance what he had done. Large draughts of whiskey were poured down him immediately, and he was hurried to the hospital. In the absence of the house physician, Dr. B. H. Lemon, a messenger was dispatched for Dr. Rochester, who arrived at 7 P. M., and reports as follows:—

"The patient, a robust and athletic man, was much excited; his eye was bright and wild; his countenance flushed, and his respiration hurried; he complained of great thirst, and of a burning sensation at the epigastrium. The pulse was slightly accelerated, but not increased in force. He had been vomiting very freely; the emesis being produced by copious draughts of warm milk administered by the Sisters of Charity. The iris responded readily to the tests of sensibility. I was informed that he had had several tetanic convulsions, the last of which had just taken place, and was unusually long and severe. I directed a large sinapism to be applied to the epigastrium, and gave him two grains of powdered camphor, with half a teaspoonful of the tr. of camphor, suspended in water. The sinapism had hardly been applied, and the camphor taken, when a spasm commenced, first manifesting itself in the cervical muscles, then in those of the arms and chest, the latter producing slight opisthotonos, and lastly, in those of the face, turning the eyes into their orbits, and setting the lower jaw firmly. The countenance became lurid, and the jugulars were enormously distended. The pulse numbered 88 per minute, and preserved its rhythm. Respiration seemed to be entirely suspended; no respiratory murmur was detected, but the heart's sounds were quite audible. The strong contraction of the pectoral muscles produced so much noise, that the pulmonary auscultation was incomplete. The nares were distended, and remained so. The paroxysm lasted about three minutes, and then ceased, with sudden muscular relaxation, and with a deep inspiration. The Sister of Charity in attendance told me that the preceding convulsion had been longer, and that it was cut short by the application to the nares of the vapour of strong aqua ammonia. The spasm over, the patient complained of slight headache and of intense thirst; his respiration was again hurried, and his wild manner returned. His aspect and condition were not unlike those of Myer, the hydrophobic patient whom I saw with Dr. Hawley, and other medical gentlemen, some two years ago.

"I directed the sinapisms to be removed from the epigastrium, and placed over the cervical and dorsal vertebrae, and repeated the camphor as before, with the addition of half a grain of morphine. At 7.35 a spasm similar to